

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-049607

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 12547

STATE FILE NUMBER

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Mo. b. COUNTY  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN St. Louis   |  | c. CITY OR TOWN St. Louis  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION City Hospital   |  | d. STREET ADDRESS (If outside, give location)<br>3256A Ohio  |  |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br>ANNA WOODWARD  |  | 4. DATE OF DEATH<br>Month Day Year<br>December 28 1962   |  |
| 5. SEX<br>female   | 6. COLOR OR RACE<br>white  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>                    | 8. DATE OF BIRTH<br>9/10/1879                                  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>ticket seller   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br>Muny Opera  |  |
| 11. BIRTHPLACE (City and state or country)<br>St. Louis, Mo.   |  | 12. CITIZEN OF WHAT COUNTRY<br>USA   |  |
| 13a. FATHER'S NAME<br>Frank Obenauer   |  | 13b. MOTHER'S MAIDEN NAME<br>Annie Kempter   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br>no  |  | 16. SOCIAL SECURITY NO.<br>[redacted]  |  |
| 17. INFORMANT<br>Edna Shaw   |  | Address<br>2744 Utah   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>fracture of skull and multiple injuries</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO <u>injured when deceased apparently fell down stairs at home on Dec. 27<sup>th</sup> 1962.</u><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>accident 900.0-21</u> |  | PART III. If deceased was female was there a pregnancy in last 90 days<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)<br><u>See above</u>   |  |
| 20c. TIME OF INJURY<br>Hour a.m. p.m. 12-27-62   | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>    |  |  |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br>24 Home  |  | 20f. CITY, TOWN, OR LOCATION<br>St. Louis, Mo  |  |
| 21. I attended the deceased from _____ to _____ and last saw her alive on _____<br>Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.  |  |  |  |
| 22a. SIGNATURE<br><u>Paul J. Simon</u> (Degree or title)<br><u>Deputy Coroner</u>  |  | 22b. ADDRESS<br><u>1300 Clark</u>  |  |
| 22c. DATE SIGNED<br><u>12/29/62</u>  |  |  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br>removal   | 23b. DATE<br>12/31/1962  | 23c. NAME OF CEMETERY OR CREMATORY<br>New St Marcus Cemetery   | 23d. LOCATION (City, town, or county)<br>St. Louis County, Mo. |
| 24. FUNERAL DIRECTOR<br>John L Ziegenhein & Sons   |  | 25. DATE RECD. BY LOCAL REG.<br>DEC 29 1962  |  |
| ADDRESS<br>7027 Gravois  |  | 26. REGISTRAR'S SIGNATURE<br><u>Paul Smith, M.D.</u>   |  |

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR  
TYPEWRITER RIBBON

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Rev. 4/59

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Donald Berry

Licensed Embalmer No. 4563

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.